



# STATE OF NEW HAMPSHIRE CHANGE FORM

## ANTHEM LIFE – ADMINISTRATOR

6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085 FAX – (614) 433-8385 TOLL-FREE – (866) 227-4005

### 1. Employee Information (always complete this section when requesting a change)

Employee Name \_\_\_\_\_  
Last First M.I.  
Address \_\_\_\_\_  
Home Phone (\_\_\_\_\_) Work Phone (\_\_\_\_\_) Ext \_\_\_\_\_  
Employee Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

☐ Check here if name or address has changed

### 2. Spouse Information (complete only if applying for spouse coverage)

Spouse's Name \_\_\_\_\_  
Last First M.I.  
Spouse's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

### 3. ☐ Change Beneficiary (complete if changing beneficiary)

Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary \_\_\_\_\_  
Name Relationship Age (if applicable)  
Contingent \_\_\_\_\_  
Name Relationship Age (if applicable)

### 4. Is this a qualifying event? ☐ Yes ☐ No If yes, ☐ Marriage/Divorce ☐ Birth/Adoption of Child ☐ Other \_\_\_\_\_ Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Plan 1 (Life insurance premium paid by The State and You cannot cancel this benefit). Plans 2 through 6 (Premium for the 1<sup>st</sup> \$20,000 of life insurance paid by the State). Canceling Plans 2 through 6 will cancel all Employee paid coverage.
- Plan 7 offers an optional life insurance benefit on the Spouse. This benefit is paid for by the Employee and terminates at the Spouse's age 65.
- Plan 8 offers an optional life insurance benefit on the Employee and/or Spouse. This supplemental life insurance is paid for by the Employee. Spouse benefits terminate at the Spouse's age 65.

Plans (Check appropriate box to cancel or add benefits)			State Paid	Employee Paid Benefits					
Cancel	Add	Plan	Employee Life	Employee Life	Employee AD&D	Employee Child Life	Spouse Only Life	Optional Employee Life	Optional Spouse Life
<input type="checkbox"/>	<input type="checkbox"/>	Plan 1	\$20,000	-	-	-	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 2	\$20,000	-	\$20,000	-	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 3	\$20,000	\$5,000	-	-	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 4	\$20,000	\$5,000	\$25,000	-	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 5	\$20,000	-	\$20,000	\$3,000	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 6	\$20,000	\$5,000	\$25,000	\$3,000	-	-	-
<input type="checkbox"/>	<input type="checkbox"/>	Plan 7	-	-	-	-	\$10,000	-	-
Plan 8									
\$ 25,000			-	-	-	-	-	<input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Cancel <input type="checkbox"/> Add
\$ 50,000			-	-	-	-	-	<input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Cancel <input type="checkbox"/> Add
\$ 75,000			-	-	-	-	-	<input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Cancel <input type="checkbox"/> Add
\$100,000			-	-	-	-	-	<input type="checkbox"/> Cancel <input type="checkbox"/> Add	<input type="checkbox"/> Cancel <input type="checkbox"/> Add

I understand that I am required to provide evidence of good health that is satisfactory to the Insurer, if I apply for new coverage in Plans 2 -7 **after 30 days from my date of hire, or apply for coverage** in Plan 8 for me or my spouse, or increase my coverage. I understand my request for coverage may be denied and that if coverage is approved, the effective date will be determined by the insurer.<sup>1</sup> I authorize The State of New Hampshire to make the appropriate payroll deductions from my wages.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ADMINISTRATOR USE ONLY

First Payroll Deduction		Basic Plan Deduction	Plans 7 Deduction	Plans 8 Deduction	Control No.	Payroll ID#
Check Of:	Pay Period:					

<sup>1</sup> Plan 1 coverage is Guaranteed Issue. Plans 2-7 are also Guaranteed Issue if applied for within 30 days of employee date of hire. Plans 2-7 are subject to underwriting if applied for after 30 days from employee date of hire and are effective only after approval by the insurer.<sup>2</sup> Plan 8 is subject to underwriting requirements and is effective only after approval by the insurer.